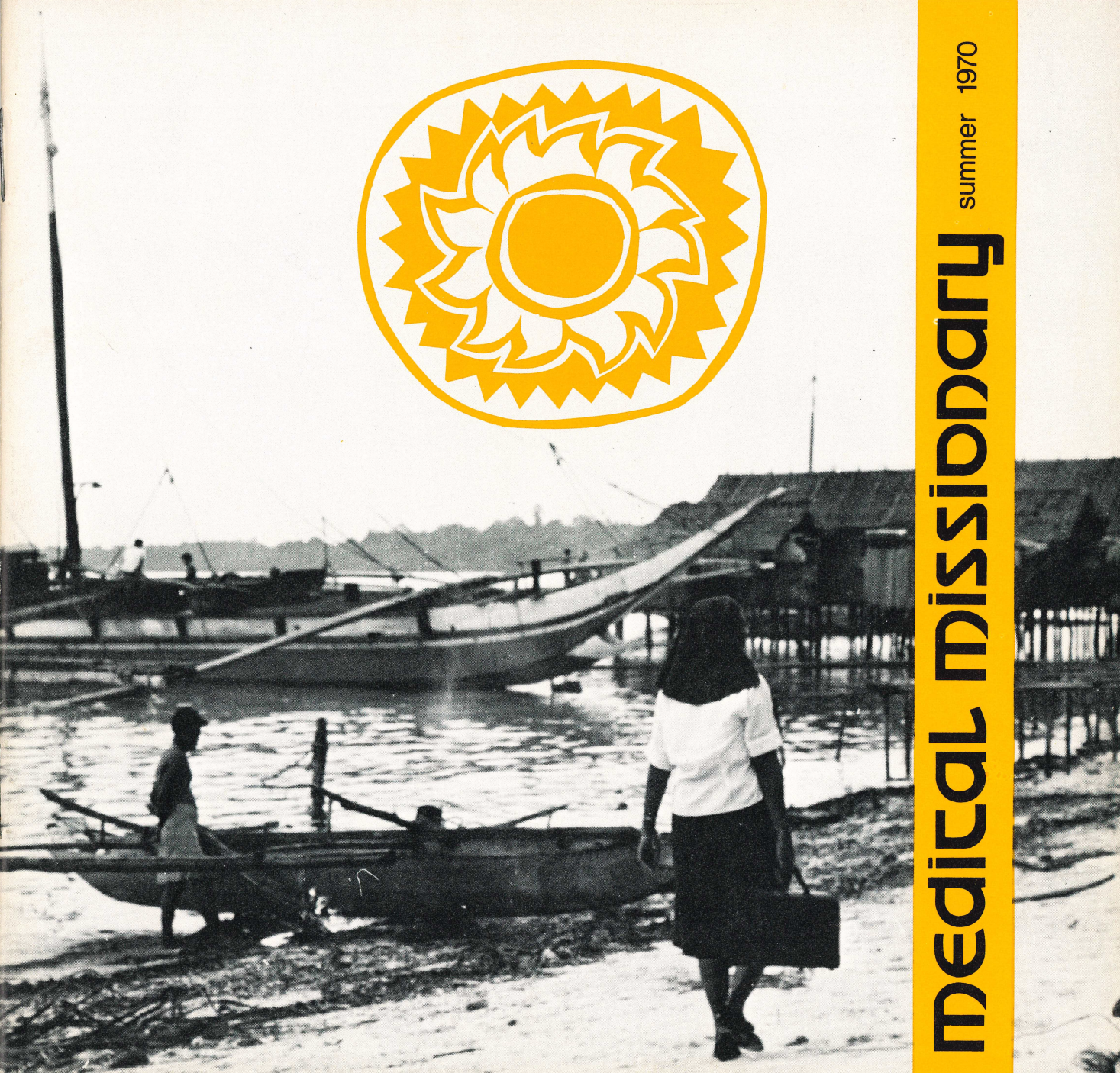

medical missionary

summer 1970

THE PHILIPPINES

This issue of the magazine is dedicated to our Filipina Sisters—gifted, courageous Asian women of the Church, willing to heal and be healed, to enrich and be enriched by all with whom they come in contact.

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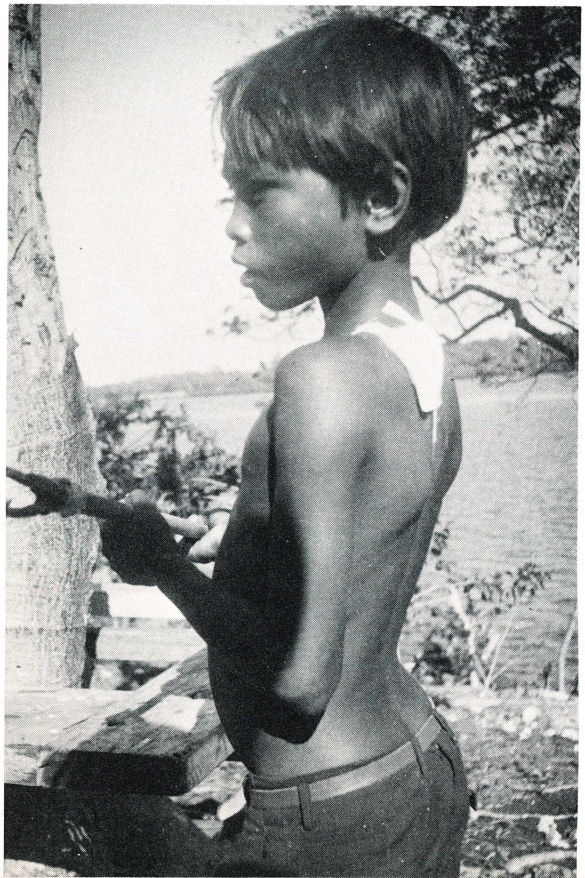


BONGAO:

A Drop in the Sea

By Sister Jane Blewett

Rizal Tuol, an 8-year-old Badjao child, came for his last dressing and final medication my first morning at the Clinic. His had been a long, tedious battle. He was brought in late one afternoon with a three-inch, three-pronged fishhook stuck deep into his back. Luckily, it had missed his spinal column by an inch or so. It was an accident, the kind that can happen easily in the life of a Badjao fisher family where a mother, father and a slew of children live fish, eat fish, sleep fish, 24 hours a day, 7 days a week, all within the confines of one small boat. Plenty of mishaps, plenty of lordosis and malnutrition, plenty of fishhook accidents in a world like this.

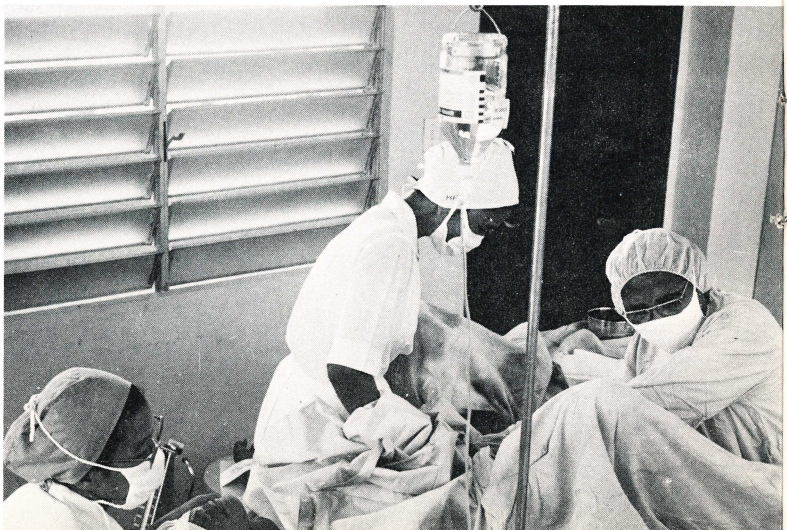
Sister-doctor Loreto de Guzman performed emergency surgery within minutes after Rizal's arrival, extracting the rusty prong under local anesthesia. The child needed rest, medicine and daily attention if the wound was not to become infected. But Rizal's parents had never slept a night without their eldest son in the boat with them. They could not be persuaded, try as

we did, to leave him in the nospital. The best they would promise was to bring him for daily dressings . . . at least, as long as the fish continued to bite in the area.

Soon, all too soon, the fish moved and so did Rizal's family. His wound would have to take care of itself. Of course, it didn't. A daily diet of boiled casava and a little fish does not build the kind of body resistance that can heal wounds quickly. Two months later, Rizal appeared at the Clinic again, a nasty, suppurating sore covering a large area of his back which made him wince with pain when the doctor even went near it. It limited his arm movement, made it difficult for him to do his share of the fishing and water hauling. We started all over again—cauterizing the wound, daily dressings, antibiotics. It was long, slow and painful. A whole month passed before he was given the "all clear" signal. Finally, one day, Rizal turned and waved good-bye before stepping into the family boat which would take him out to sea. It was his best thanks for a new-found freedom.

Holy Family Hospital, Bongao, at the southern-most tip of the Philippines, has begun to mean new-found freedom for many like Rizal since its opening date, August, 1968, when the pioneer band of Medical Mission Sisters moved in. Small and surrounded by the Sulu Sea like the many islands it serves, the hospital provides the only complete medical and emergency surgical care for the 47,000 population in the area. Before its establishment, the local people, suffering with severe malaria, chronic tuberculosis, malnutrition, obstetrical complications, acute appendicitis and traumatic wounds had only one alternative—a long, arduous (17-24 hour) boat trip to Jolo, 120 miles away, for hospital care. Many never made it.

Patients like Habibiya Maliki. She was only 20, a Samal woman brought in on a homemade, blanket-stretcher after a long hike and a two-hour kumpit (boat) ride from her village on Tubig Basag Island. The island had a reputation with the hospital—5 of 7 recent cases of tetanus had come from there, including a mother and newborn baby, both of whom died on the way. Habibiya's relatives were already crying. They knew death at close range. One look at her could well explain their fears . . . two days in labor, exhausted, breathing with difficulty, pale and bathed in sweat. She was taken immediately to the delivery room where after a bilateral episiotomy, she delivered a boy. Unfortunately, it was stillborn, apparently dead for several days. Doctor did a manual removal of the placenta and Habibiya was moved to her ward.



Well on the way to recovery, a young woman leaves Holy Family Hospital, Bongao, via a hammock ambulance (top), while inside the hospital operating room (bottom) the team of Sisters continues its healing task.

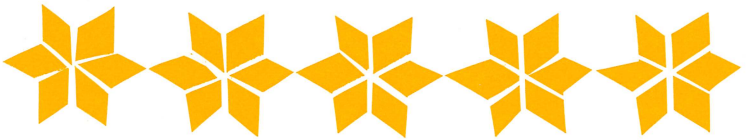
I looked closely at her face as I helped settle her into bed. It seemed so tired and lined for a young woman. I wondered if it would not take longer to heal the pain inside when she learned of her dead baby than to heal her perineal wound. But healing came . . . slowly, as she regained strength and her attentive husband loved her back to life. She stayed for almost 10 days to prevent further infection, enough time to talk together, share a little and to quiet her fears of a future pregnancy if she would be sure to come for pre-natal care. Now her whole village knows that Holy Family Hospital is there to serve.

Voices from the wharf at night always mean something serious. The first night I awoke to the sound of a kumpit docking at the wharf, I hurried to the emergency room in time to see a group of strong men carrying in a young Tausog, Amilussin Dannang by name. Amilussin had been in a fight, not uncommon in the region, and in trying to stop the other fellow's bolo (knife), his left forearm was all but severed. Luckily, someone on the spot had applied a tourniquet to his arm. But even so, he was on the brink of shock from loss of blood. He was rushed to the OR. Fluids were started while doctor studied the mangled arm before him, bones broken, muscles torn. The question was whether or not to try to save the arm. After two hours, Amilussin left the OR, bones approximated, bleeding controlled and a long cast applied.

Then the waiting game began as the doctor and nurses watched for any signs of discoloration or gangrene. After three days with no indication of any complications, the relatives were asking to take the patient away. The air was tense with the fear of retaliation from the enemy gang. Doctor had no alternative but to let him go, with careful instructions, however, to proceed on to Zamboanga for further corrective surgery. Ours had been only a first step, but a saving step.

Maybe Rizal, Habibiya and Amilussin are only a few among all the people who are suffering and without medical care. But maybe the only way some of us can attack the problem of "all" is to do the needful for "this one"—this Rizal or this Habibiya who come into our world looking for healing.

Sister Loreto de Guzman, resident doctor at Holy Family Hospital, Bongao, receives a helping hand as she begins a round of home visits.



THE REPUBLIC OF THE PHILIPPINES

The Philippines consists of over 7,000 islands lying east of Saigon in the South China Sea. Seventy percent of the total land area is found on the two largest islands, Luzon and Mindanao.

Historically, the Philippines has survived over 300 years of Spanish rule and almost half a century of American occupation, to emerge a unique blending of East and West.

The population of the Philippines numbers about 36,000,000 and is increasing at the rate of about 1,000,000 per year. Half of the population is below 17 years of age and 83% below the age of 10. Manila metropolitan area with a population of 3,000,000 dominates the urban sector. The majority of the people, however, live in small rural communities or *barrios.*

Culturally, the Philippines reflects the great variety of external influences which have been a part of its history. "An Asian nation of Malay stock, socially structured on a basically Indonesian pattern, containing a large infusion of Chinese blood and attitudes but with a cultural heritage in part Spanish, in part Anglo-Saxon..." (Father de la Costa, S.J.).

There are 43 ethnic groups in the Philippine Islands and almost 90 dialects spoken. Seventy-two percent of all Filipinos can read and write, the largest percentage in any country of southeast Asia. By law the national language is Pilipino, which is based on the Tagalog language spoken in the Manila area. In school, the local vernacular is the medium of instruction in the first two grades and English, the medium thereafter, while Pilipino and English are studied as subjects in all grades. Twenty-one percent of the college-age population are enrolled in educational institutions and about 30% of the government's annual budget goes into education.

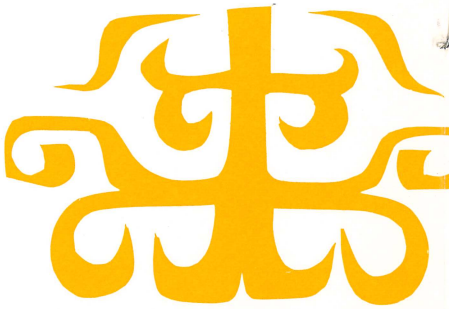
The Philippines has a basically agricultural economy with nearly three-fourths of the working population concentrated in farming, fishing and mining. Ten percent of the people possess 90% of the wealth. Only 1.1% of the population enjoys an annual income of $5,000 or more while close to 70% have to manage on an annual income of $100.00 or less.

Pneumonia and pulmonary tuberculosis are the major causes of death, followed by gastroenteritis and colitis, bronchitis, diseases of the heart and beri-beri. Filipinos on the whole suffer from undernourishment or malnutrition. The life expectancy has risen from 41 years in 1900 to 60 years today.

Filipinos are predominantly Christian: 80% are Catholic, 5% Protestant, 5% Iglesia ni Christo, 5% Aglipayan or Philippine Independent Catholic Church, 4% Muslim and 1% Animists.

"We begin to ask ourselves: Are we Asian or are we Western? Do we belong to Asia or to the West? But must we be one or the other? As an eminent Filipino historian puts it: 'What prevents us from being peculiarly and oddly and contrary to all expectation, both?' Would it make sense to suggest that it is precisely in our diversity that our identity lies? If identity is uniqueness, in being this and not that, are we not uniquely this, are we not ourselves, precisely because of this historic blending in us of East and West?" (Father Ortiz)

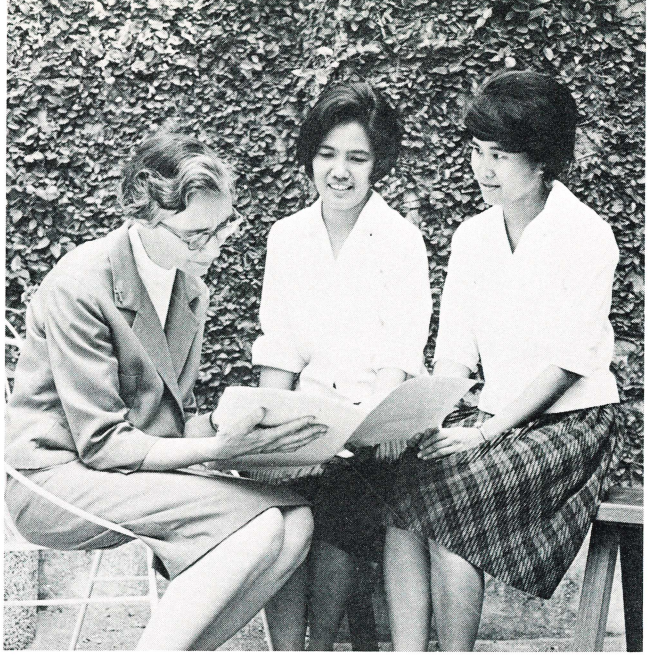
TAKING ROOT



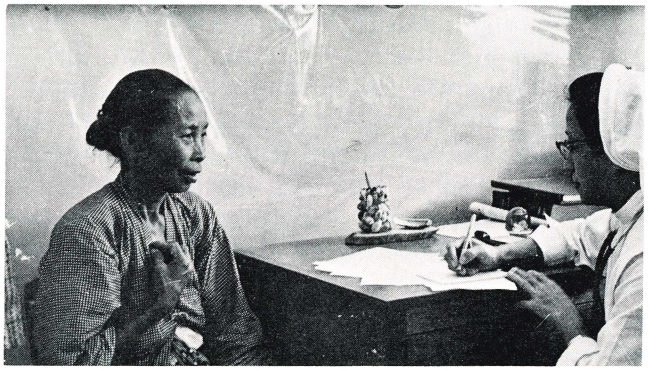
It should have been like "going home" for the two Filipina Sisters who set out for Manila from the United States, April, 1960. It should have been just that but instead, it was like launching a brand new future. They were going to their own Islands to make a start, a first foundation for the MEDICAL MISSION SISTERS in the Philippines.

That was ten years ago this year. Today, there are over 40 Filipina Sisters, some serving on the Islands while close to half are involved in medical work abroad. Our society has taken root in Philippine soil. It has been able to recruit a steady number of young women, build a more suitable formation center, open a student house in Quezon City to enable young Sisters to study at some of Manila's excellent universities and colleges and set up a small but thriving Holy Family Hospital in Bongao, Sulu.

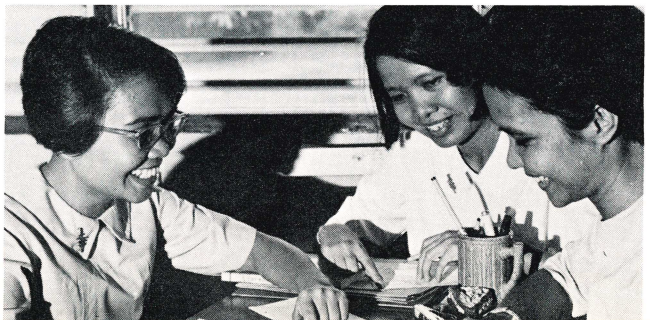
The Sisters have shared deeply in their country's own social and religious struggles, taking an active part in community development, rural rehabilitation and slum improvement projects. To the local Church in the Philippines, they continue to bring a universal, global dimension, pointing out the obligation that falls upon all in their grace-laden, gifted land to share the faith that is theirs with the other non-Christian nations that surround them.



Betty Mathay and Nympha Que ■ The two youngest of the Filipina Sisters, still in their initiation period. Betty is a certified public accountant, quick with figures and generous of heart, waiting for her visa to India; Nympha is a pharmacist eager to join a Holy Family Hospital team in a needy area. Sister Jane Gates, Superior General, went over some questions with them during a recent visit to the Philippines.



Sister Scholastica Los Banos, M.D. ■ After 12 years of devoted service in India, Sister Scholastica now turns to the needs of her own people. Here she begins an examination of a patient in the clinic in Bongao.



Sister Yolanda Durian (center) with the PR team in Manila, shortly before leaving for her first mission assignment—Africa.

What does being a missionary mean? To me,
it means . . .

I move into a whole new atmosphere, a new life, the newness of the gospel . . . where life is work and church is mission . . .

having a home away from my true home . . . feeling wherever I am as much like home as possible . . .

committing my energies to the challenging task of creating, fashioning, tearing down and building a world fit for man as I know him in Jesus Christ . . .

sharing a bit of my laughter, love, hope, gift of healing and personhood . . .

finding the places where man is suffering a condition unworthy of Jesus Christ and reacting to the plight of any person through my faith in His words—"Be sure that I am with you . . . I will not desert you before I have done all that I have promised you" . . .

being open . . . listening, learning, reconciling . . . conscious that I have something to share both in my human talents and in the Church's gospel . . . conscious that others have things to share with me . . .

ready to ride loose and free . . . moving, changing, exploring new uncharted territories of mind and imagination and social possibilities, questioning, searching, never fearing tension and conflicts—but always in Christ . . . in peace . . .

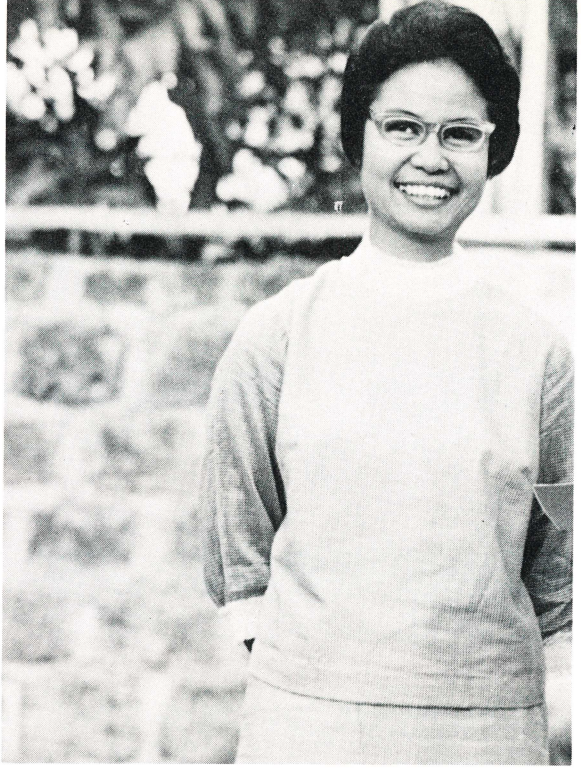
willing to risk property and life and even my pet theories to be the seed of the 'better homeland' . . . condemning no one and nothing . . . greeting everyone and everything . . .

seeking ends that are truly human . . . fully human.

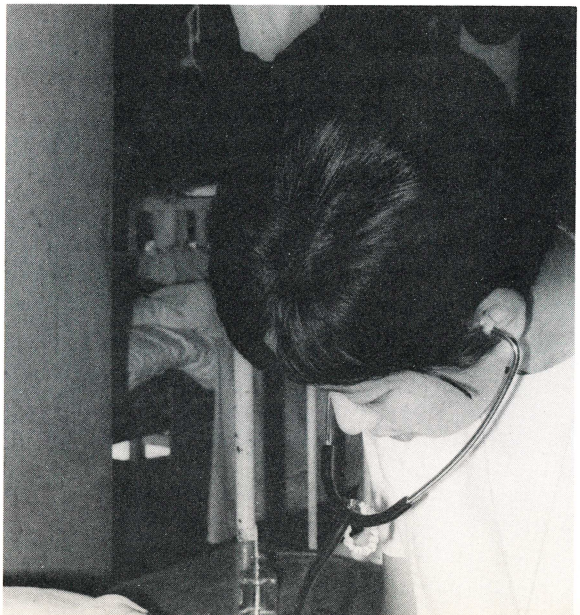
And what reward do I expect from all these? Nothing, except for my belief that something will come out of it—for them, for those who share my missionary vocation, for me, and for my God.

yoli

Sister Yolanda Durian



Sister Elvira Valenzuela ■ "Elvie" to most of her friends. She directs the entire Philippine District which includes the student house in Manila, administrative center in Lipa and the hospital in Bongao, in the southernmost part of the Islands. Sister Elvira, a pharmacist, had already served several years on the staff of Holy Family Hospital, Dacca, East Pakistan, before being called back to the Philippines to take over her present post.



Sister Norma Josef, M.D. ■ Born and educated in Manila, Norma did her internship and two year residency in the United States. She returned to the Philippines to enter the Society, eager to share her medical skills with less-privileged peoples around the world. Today, she is in central Africa, in Malawi, deep in a language and cultural orientation program.

Sister Eva Varon, Director of the PR program in the Philippines, talks out a project with Sister Jane Blewett. Sister Eva, a research chemist by profession, after a two year formation period in Fox Chase, returned to the Philippines to direct the important work of interpreting the medical mission apostolate to her own people, building friendships and securing needed funds.

A last day together at Lake Taal, before breaking up and heading out to India, Africa, Pakistan. This group, a doctor, nurse, social worker, two pharmacists and an accountant, entered together, came to know and love each other and now are ready to share their joy around the world.

Sister Virginia Ventura ■ An artist as well as a dietitian. Newly arrived in Indonesia, Virginia is delighting in a whole new world of discovery, people, language, culture. As her banner says, she carries the sun.

EAPI brings new life and a deeper understanding of renewal to the Church in Asia.

The East Asian Pastoral Institute, a vital center for Church renewal in Asia, is located on the campus of the large Ateneo de Manila Jesuit University in the Philippines. Annually, close to 100 students from all the different Asian nations come into the heart of this capital city to live together and learn how the basic Christian message can best be made relevant in the world of Asia today. The program of the Institute has a specifically pastoral and uniquely missionary orientation.

In operation since 1953, EAPI did a complete restructuring after Vatican II to broaden its academic program and incorporate the "new spirit" that the Council brought. Forty rotating professors, under the skilled direction of Rev. Alfonso Nebreda, S.J., cover a wide variety of topics in theology, ecclesiology, exegisis, catechetics, cultural anthropology, pastoral psychology and the phenomenology of language. All aim at preparing the student for a more authentically Asian perspective on missionary activity.

The students, men and women, lay and religious, live and learn together. Community and sharing are important dimensions in the total program.

Sister Fides Copiaco, M.D., an anesthesiologist for eight years on the staff of Holy Family Hospital, New Delhi, India, was part of the student body last year. She and a Christian Brother from Ceylon have a good laugh together.

A highpoint of each day is the liturgy. It often incorporates a language and customs of a particular Asian country. Here an Indian Sister and Sister Fides sing Hindi hymns during a Mass liturgy prepared by the student body from India.

Mealtime offers a real opportunity to talk out views and exchange insights. A certain number of the students are missionaries from other countries who have worked a number of years in Asia.

NEWS CAPSULES

INDIA ■ Three of our Indian Sisters will pioneer a new work in Nagaland. They hope to start a Primary Health Center with collaboration of the local people. ■ Realization that Indian Sisters may soon outnumber all other nationalities of Medical Mission Sisters makes the need for leadership among them imperative. Efforts are being made to develop active participation at all levels of decision making. At present 72 Indian Sisters are participating in educational programs. A number are taking active part in leadership camps conducted by Sister Jeanette McDermott throughout North India. ■ The Outpatient Department of Holy Family Hospital, New Delhi, treated an estimated 80,000 patients in 1969. ■ Holy Family Hospital, Patna, marked its 30th anniversary in 1969. For the first time in its 30-year history, the hospital can boast of a 100% Indian medical staff. ■ Attempts are being made to integrate all our medical facilities in India into the National Tuberculosis Program. Sister Carol Huss is involved in the program on a national level. Plans are underway to do a TB survey of a community development block with followup and eventual integration into the District TB program in Patna.

GHANA ■ The trend toward small group living and to be where the action is continues to spread. Two Sisters working at Holy Family Hospital, Techiman, are now living in a small compound in town. In Berekum, four Sisters have also moved their living quarters out of the hospital and into a house in town. The people are pleased to have the Sisters living among them. ■ Sister Lorraine Schneider has been employed by the Ghanaian government to set up a laboratory technicians school in Accra. She began the course in February. Out of 80 applicants, 10 were selected for the program. This will be the first accredited technicians program in Ghana.

VENEZUELA ■ A mobile unit from Coromoto Hospital, Maracaibo, has just begun public health work among the Guajira Indians, a nomadic, cattle-raising people living on the Guajira Peninsula, separated from the majority of Venezuelans by language and style of living. About 200 patients were treated at the Clinic during its first three days.

EAST PAKISTAN ■ February saw the beginning of the long-planned affiliation of Holy Family Hospital, Dacca, nursing students with local government hospitals. This affiliation will provide students with opportunities for nursing experience in cases of tuberculosis, E.N.T. and infectious disease. ■ A UNICEF grant of school equipment came to Dacca in January. The shipment brought glassware and supplies for the science lab, physiology charts, an overhead projector, a slide projector and teaching models, a wonderful supplement to the classroom equipment. Our thanks to UNICEF for this gift.

Editor:
Sister Miriam Therese Winter

Associate Editor:
Sister Jane Blewett

Art Director:
Sister Victoria Connelly

Photo Credits:
Sister Corazon de Jesus
Sister Scholastica Los Banos
Sister Eva Varon

Except pp. 13, 14 (top), 16 (top), 20, 21—Rev. Robert Friedrich, S.J., EAPI faculty; pg. 16 (bottom)—Sister Irmegard Schure.

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__I ask that you pray for me and my loved ones.

Sister Jane Blewett, guest editor for this special issue on the Philippines, spent last year in Manila, Lipa and Bongao, sharing and working with our Filipina Sisters. "One of the richest experiences of my life," she says.

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Karachi, West Pakistan
Dacca, East Pakistan
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Mandar, India
Bombay, India
Poona, India
Bharananganam, Kerala, India
Chetipuza, Kerala, India
Mundakayam, Kerala, India
Ithithanam, Kerala, India
Kottayam, Kerala, India
Berekum, Ghana, W. Africa
Techiman, Ghana, W. Africa
Kokofu, Ghana, W. Africa
Fort Portal, Uganda, E. Africa
Atat, Ethiopia, E. Africa
Nangina, Kenya, E. Africa
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Pendzwa, Congo, Cent. Africa
Welkom, OFS, South Africa
Amman, Jordan
Quinhon, South Vietnam
Jakarta, Indonesia
Makassar, Sulawesi, Indonesia
Solo, Djawa, Indonesia
Pare-Pare, Sulawesi, Indonesia
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